S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28395

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 3178

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson 0495
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 0
d. STREET ADDRESS (If rural, give location): 2009 Ralston

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): E
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): July 31, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Aug. 3, 1894
9. AGE (In years last birthday): 57
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: General Motors Corp.
11. BIRTHPLACE (City and State or Foreign Country): Wamgeo, Kansas. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John C. Johnson
13b. MOTHER'S MAIDEN NAME: Cora Messenger
14. NAME OF HUSBAND OR WIFE: Mrs. Mildred E. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 571-01-8757
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mildred E. Johnson, Independence, Mo.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute posterior coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis + thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic residual of previous anterior myocardial infarction & mural thrombus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐ 4201

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pathologist, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lorraine E. Schultz, M.D.
23b. ADDRESS: Independence Sam. + Hospital
23c. DATE SIGNED: 8-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Louisville Cemetery
24d. LOCATION (City, town, or county) (State): Louisville, Kansas

DATE REC'D BY LOCAL REG.: 8-4-52
REGISTRAR'S SIGNATURE: James A. Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. L. Garson
ADDRESS: Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1992

AUG 1.9 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Andy., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.